Strategy Research Project

THE WAR ON DRUGS: A NEW STRATEGY

BY

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THE WAR ON DRUGS: A NEW STRATEGY

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ABSTRACT

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The term “War on Drugs” was first used by President Richard M. Nixon in 1969, and since then billions of dollars have been spent and countless lives affected in attempts to end this debatably unsuccessful war on drugs. As such, the United States (U.S.) needs to rethink its current war on drugs by employing a new strategy that reduces the key negative effects of drugs, specifically costs to the taxpayer, death and disease, and crime. This paper discusses: (1) the current U.S. drug control policy, (2) three strategy options with brief arguments for and against each option, and (3) a comparison of each option in relation to reducing the key negative effects of drugs as cited above. Based on the comparisons of each option, a recommendation of a new strategy for the U.S. to employ against drug use and abuse is provided.

THE WAR ON DRUGS: A NEW STRATEGY

The United States (U.S.) has been battling drug use and abuse within its borders for many years. In 1954, President Dwight D. Eisenhower assembled a committee to "stomp out narcotic addiction," and it was in 1969 that President Richard M. Nixon first used the term "War on Drugs." With President Nixon's creation of the Drug Enforcement Administration (DEA) in 1973, "an all-out global war on the drug menace" was born.[1]

The years that followed proved to be difficult for the U.S. when it came to fighting the war on drug use and trafficking. Soldiers returning from Vietnam did so addicted to heroin; marijuana (homegrown and imported) and cocaine (readily supplied by Colombian cartels) became the drugs of choice of users in the U.S.; and, the use of crack cocaine became a widespread epidemic in major U.S. cities such as New York. When President William J. Clinton signed the North American Free Trade Agreement (NAFTA) in November 1993, the door opened wider for traffickers to hide their drugs within legitimate goods that traded across the U.S.-Mexican border.[2] Since then, a large portion of the U.S. drug supply has come into our cities through Mexico. Sadly, the drug-related violence rampant in Mexico has also spilled into the U.S. as evidenced by a recent increase in killings and kidnappings in Texas and Arizona border towns.

Illegal drugs play a major role in economies around the world, and drug use is everywhere, affecting all in society, regardless of social status, education, or skin color.[3] Drug abuse is a major public health problem that impacts society on multiple levels, and studies have shown a strong link between drug abuse and social problems such as drugged driving, violence, crime, stress, and child abuse.[4]

In fighting the war on drugs billions of dollars have been spent and countless lives affected in what has been referred to as a "tragic failure."[5] It's been over forty years since the inception of the term, and this war is still considered an "unwinnable enterprise."[6] Along with the rise in worldwide communication and trade, the use, manufacture and sale of drugs has become a global issue. The U.S. continues to push for international cooperation and action against drug production and trafficking, and criminal enforcement remains the central theme in drug policies throughout the world.[7] The enormous cost this war on drugs has incurred, not only monetary but also in resources (law enforcement and military personnel) and lives lost, begs for a new line of attack.[8]

There are primarily three approaches to reducing drug use: (1) prevention, (2) treatment, and (3) enforcement. Prevention and treatment interventions focus on the demand side of drug use, whereas enforcement targets the supply of drugs. Prevention efforts are geared towards education and community action to prevent new drug users. Treatment and drug intervention efforts focus on reducing the demand of drugs among current users.[9]

To some degree, prevention, treatment, and enforcement have been largely used by the U.S. in its current drug control strategy, but none have been deemed as effective as originally planned. Prevention and treatment programs have taken second place to law enforcement and military assistance efforts when it comes to being the recipient of resources devoted to fighting drug use and trafficking. The proposed National Drug Control Strategy: FY 2010 Budget Summary shows that $3.6 billion has been dedicated to drug treatment and intervention efforts, while $3.7 billion has been dedicated to

domestic law enforcement efforts.[10] However, as a whole, exorbitant amounts of funds continue to be allocated for programs aimed at reducing drug use and availability. In Fiscal Year 2010, President Barack Obama requests $15.1 billion in support of substance abuse prevention and treatment, domestic law enforcement, and interdiction and international counterdrug support, which is an increase of $224.3 million or 1.5 percent over the FY 2009 enacted level of $14.8 billion.[11]

The White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988 which established the creation of a drug-free America as a policy goal. The principal purpose of the ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. The goals of the program are to: (1) reduce illicit drug use, manufacturing, and trafficking, (2) reduce drug-related crime and violence, and (3) reduce drug-related health consequences by preventing young people from using illegal drugs, reducing the number of users, and decreasing drug availability. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy which directs the nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.[12]

In October 2009, the Department of Justice issued guidelines for Federal prosecutors regarding laws authorizing the use of marijuana for medical purposes.[13] The memorandum stressed the Justice Department’s commitment to the enforcement of the Controlled Substances Act, and its continuing efforts to prosecute marijuana traffickers. Ironically, the U.S. was cited as “the single largest source of revenue for the Mexican cartels.”[14] Despite drugs such as marijuana, cocaine, amphetamines, and

heroin being banned in the U.S. as well as in other countries, we still have the dishonor of being the world's single greatest market for drugs.[15]

In early December 2009, the House of Representatives, frustrated that the drug war has failed in the Western Hemisphere, unanimously passed a bill to create an independent commission to review these policies. The Western Hemisphere Drug Policy Commission's focus will be to evaluate the U.S. drug policy and in twelve months submit recommendations of future drug policy. According to Representative Eliot Engel, who proposed the bill to create the commission, "Billions upon billions of U.S. taxpayer dollars have been spent over the years to combat the drug trade in Latin America and the Caribbean. In spite of our efforts, the positive results are few and far between. Clearly, the time has come to take a fresh look at our counternarcotics efforts here at home and throughout the Americas, and the Western Hemisphere Drug Policy Commission will do just that." [16]

The legalization of drugs, or better yet, the regulation and control of drug distribution, is a controversial strategy the U.S. government has not openly considered. The legalization or decriminalization of marijuana, another "battle" in the war on drugs, is a hot topic some feel is winning support. California was the first state to legalize the use of medical marijuana in 1996, and there are currently thirteen states in all that have legalized marijuana for medical purposes.[17] Under the individual state's legalization statutes, doctors can prescribe medical marijuana to patients suffering from such conditions as AIDS, cancer, anorexia, glaucoma, and arthritis. There are some who feel that drug legalization is the only way to deal with the failed war on drugs. Yet, there are others who believe that legalization of any drug will lead to increased drug use, and will

only create more problems for our American society. However, as evidenced by the House of Representative's bill, the mood of the public, and that of Washington, may be changing.[18]

The U.S. Department of Health and Human Services surveys approximately 67,500 persons aged 12 years old or older each year on the use of illicit drugs, alcohol, and tobacco. In the survey, illicit drugs include marijuana, hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and non-medically used prescription-type psychotherapeutics. In 2008, an estimated 20.1 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. Marijuana was the most commonly used illicit drug with an estimated 15.2 million past month users, or 8.0 percent of the population aged 12 years old or older. Current cocaine users aged 12 or older numbered an estimated 1.9 million, comprising 0.7 percent of the population. When queried about driving under the influence of illicit drugs in the past year, an estimated 10 million, or 4.0 percent of the population aged 12 years or older, reported doing so.[19] Sadly, there were over 22 million persons in the U.S. who reported being classified with substance dependence or abuse in the past year.

In the U.S., arrests for drug law violations in 2009 are expected to exceed the 1,841,182 arrests made in 2007, a year in which law enforcement made more arrests for drug abuse violations (an estimated 1.8 million arrests, or 13.0 percent of the total number of arrests) than for any other offense. In the U.S., someone is arrested for violating a drug law every 17 seconds.[20] Since December 31, 1995, the U.S. prison population has grown an average of 43,266 inmates per year, and about 25 per cent are

sentenced for drug law violations.[21] According to the American Corrections Association, the average cost per state prison inmate per day in the U.S. is $67.55. State prisons held 253,300 inmates for drug offenses in 2005, and spent approximately $17,110,415 per day to imprison drug offenders, that is a striking $6,245,301,475 per year.[22]

President Obama's Director of the ONDCP, Gil Kerlikowske, has previously stated that this administration "is set to follow a more moderate -- and likely more controversial -- stance on the nation's drug problems…[it's] likely to deal with drugs as a matter of public health rather than criminal justice alone, with treatment's role growing relative to incarceration."[23] And as evidenced by the still high numbers of drug use, drug arrests and drug-related incarcerations in the U.S., one could argue that the current policy is not working and a new strategy is needed.

Options

Based on the above research and known facts one could arguably state that the U.S. should, in fact, rethink its current war on drugs. Therefore, what suitable strategy is required and what options are acceptable to win this war on drugs? In order to answer these questions, three suitable, acceptable and feasible options are discussed, and brief arguments for and against each option are presented. Subsequently, each option will be discussed in relation to achieving the strategic end states of reducing cost to the taxpayer, death and disease, and crime.

Focusing on public health initiatives is the first option. This option involves an effective and comprehensive knowledge-based drug demand reduction system that includes prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures. This option treats drug abuse as a public health problem rather than one of law enforcement. Health insurance companies will be required to

cover drug abuse the same as they cover any physical illness. "Hard drugs," such as cocaine and heroin, will remain illegal, and "soft drugs," such as marijuana, will be regulated for medical purposes only through controlled distribution. Incarcerations for "soft drugs" offenses will be reduced, with a goal of decreasing both total prison population and the cost of keeping offenders incarcerated. Prevention and early intervention efforts will focus and expand on the anti-drug campaign, foregoing scare tactics and instead stressing the negative effects of drug use and abuse. These campaigns will target not only children and teens in schools, sports, and recreation activities, but also adults in the home and workplace. Treatment, rehabilitation and social reintegration programs, provided by local, state and federal funded programs, will be expanded in communities, schools, and prisons. Harm reduction programs, such as providing sterile needles in exchange for used ones, will focus on reducing the transmission of Human Immunodeficiency Virus (HIV) and other blood borne infections.

Arguments for this Option: A public health approach focuses on reducing harm among drug users by minimizing risk, specifically reducing the health, social and economic harms associated with the use of psychoactive substances.[24] In what public health advocates call a positive move in the right direction, President Obama recently signed a bill repealing the 21 year ban on federal financing for needle exchange programs.[25] Needle exchange programs in the U.S. have been shown to be an effective means of lowering the intravenous drug user's risk of HIV and other blood-borne infections with minimal effects on a community, while at the same time preventing the further spread of infection among drug users, their sexual partners, and their children.[26]

Studies have shown that by focusing on providing widely available drug treatment programs instead of sending the drug user to prison, “even expensive treatment programs pay for themselves by reducing the costs of lost productivity, crime, and health care.”[27] By providing early education and a zero tolerance agenda, demand for drugs can be reduced. The DEA’s Demand Reduction Program aims to prevent the start of drug use by informing the public, parents and children about the dangers of drug use.[28] According to a DEA fact sheet, 900,000 fewer teens are using illicit drugs in 2008 as compared to 2001, a 25% reduction. The DEA also cites that among teens there has been a 25% decline of marijuana use, a 50% decline in methamphetamine use, a 13% and 33% decline in cocaine and crack, respectively, and, a 50% decline in ecstasy use.[29]

Arguments against This Option: Educational programs against drugs have been ongoing for many years, and have been a drain on the taxpayer. Moreover, anti-drug educational programs have not conclusively proved that they actually reduce drug use. The Drug Abuse Resistance Education (DARE) program, begun in Los Angeles in 1983 and geared towards providing young students with the skills to resist the pressure to use drugs, has been shown to be ineffective in delaying drug use.[30]

Treatment programs have been shown to have an overall low success rate because former drug users and abusers relapse. At least 54% of recovering drug users will relapse at one point or another, with approximately two thirds relapsing within the first 90 days of drug withdrawal.[31] Communities worry that if needle exchange facilities are allowed to open in their neighborhoods it will encourage drug use, increase the number of discarded used syringes in the neighborhood, and increase crime.[32] Critics

argue that although drug prevention education is a worthy cause, the only way to win the war against drugs is to attack it at the source, namely the growers and drug dealers.[33]

The second option considers increasing law enforcement against drug users and distributors. This option will aim to provide a high level of security for the U.S. by taking rapid and aggressive action against drugs production, cross border trafficking in drugs and diversion of precursors, and by intensifying preventive action against drug-related crime and money laundering in relation to drug crime. If you use, sell, distribute, or produce illicit drugs you will be arrested and tried in a court of law, and if found guilty will be swiftly fined and/or incarcerated to the maximum extent of the law. Since some states have already approved marijuana for medical purposes, then cases involving marijuana use in these states will be individually evaluated and tried accordingly. The U.S. will support drug-producing countries in efforts to destroy drug production sites, and will insist upon international cooperation to eradicate the drug supply. Failure of these countries to comply will result in strictly enforced economic sanctions. Prevention, education and treatment programs will be provided by local, state and federal funded programs. Demand and enforce a “zero tolerance” for drugs in schools, workplaces, recreation activities and sports, with random urine drug testing a common occurrence. The drug testing will be funded via tax incentives to independent employers and via federally funds for federal, state and local organizations. Drug Courts and Treatment Alternatives to Incarceration programs, which substitute mandatory, court-ordered treatment for incarceration as a way of dealing with drug

offenders and people charged with nonviolent crimes who are drug users, will be instituted in all states.

Arguments for this Option: Presently, the DEA boasts 5,235 Special Agents, a yearly budget of more than $2.3 billion and 87 foreign offices in 63 countries.[34] Efforts by the DEA have led to an overall reduction of drug use in the U.S. by more than a third since the late 1970s, that's about 9.5 million fewer people using illegal drugs. They have also reduced cocaine use by 70% during the last 15 years, 4.1 million fewer people using cocaine.[35]

Attacking the supply side of drug trafficking, customs officials have made major seizures along the U.S.-Mexico border during a six-month period after September 11, 2009, seizing almost twice as much as the same period in 2001. At one Texas port, seizures of methamphetamine are up 425% and heroin by 172%. Due to enforcement efforts traffickers' costs go up with these kinds of seizures.[36] Without the cooperation of other countries, such arrests would not be possible, and the terrorist's sinister activities would continue.

Since drug users and dealers are likely to commit crimes, usually against property, to support their habit or protect their business, a no-nonsense law enforcement policy is needed to ensure they are tried and punished accordingly. Drug Courts and Treatment Alternatives to Incarceration programs are working. Graduates of drug treatment courts have far lower rates of recidivism, ranging from 2 to 20 percent as compared to more than 50 percent who return to criminal behavior within two to three years. Law enforcement is an important component, and is what triggers treatment for drug users that need it, since most drug users do not volunteer for drug treatment. It is

the actual arrest that gets and keeps the drug user in treatment, and if treatment fails, the judge must keep the drug user incarcerated.[37] Random urine drug testing will send the message that drug use will not be tolerated, and is a good way to ensure people remain drug free. Drug users must be held accountable and responsible for the consequences of their actions and decisions.

Arguments against this Option: There are tens of thousands of persons prosecuted and incarcerated each year for crimes associated with the possession and use of illegal drugs, overfilling our prisons and costing the taxpayer billions of dollars per year to keep them in jail. Critics state that this drug war has "eroded constitutional rights, including the right to free speech, the right to be free of unreasonable searches and seizures, the right to freedom of religion, the right to travel, freedom of assembly, equal protection under the law, and the right to privacy."[38] The costs associated with funding police department drug units and running federal prisons take money away from funding public programs and education. According to one critic, "law enforcement officials who are assigned to drug-related investigation and prosecution are not, instead investigating or prosecuting violent crimes."[39] Critics of the drug courts state that it is coerced treatment, and that arrest is not the best way to determine who should get treatment services. Sadly, because it's a less expensive way of handling drug cases it leads to more people being arrested, and to the drug courts creating "a separate system of justice for drug offenders."[40]

The final option suggests total legalization of drugs. This option involves the legalization and distribution regulation of drugs while limiting the harm associated with their use. Marijuana will be regulated by state controlled distribution, and hard drugs

such as cocaine and heroin will be prescribed by medical doctors. The strong enforcement of drug prevention educational programs, as well as the availability of treatment programs, is essential in this option. In order to be able to obtain the drugs legally, users will be required to take a government-sponsored educational class about drugs. At the end of the educational portion, the drug user will be required to sign a contract that states neither they nor their family members or significant others will sue or bring any action against the legalized drug distributors or the government should any harm come to them as a result of their drug use. Criminal action will be taken against the drug user whenever a crime has been committed against another person or property. All federal government employees, including the military, will not fall under the legalization provision. These employees must remain drug free, and will be tested routinely to ensure compliance.

Arguments for this Option: The prohibition of drugs, much like the prohibition of alcohol in the 1920s, does not work. It drives the illegal drug market underground, causing crime and violence. It is because drugs are illegal that they cause greater harm. Drug regulation and distribution enables the drug user to control their own drug use. If one compares the U.S. to the Netherlands, a country with a liberal approach to drug use and policy, one will find that the Dutch have a much lower drug addiction rate, and that their policies have served to limit drug use and save lives.[41] Law Enforcement Against Prohibition (LEAP) is an organization in the U.S. made up of "cops, judges, prosecutors, prison wardens and others who now want to legalize and regulate all drugs after witnessing horrors and injustices fighting on the front lines of the 'war on drugs.'"[42] The prohibition of drugs: (1) negatively affects the nation's public health, (2) is a drain

on taxpayers, (3) corrupts politicians and law enforcement, (4) erodes protections against unreasonable search and seizure, and (5) affects national security while supporting narco-terrorist activities.[43]

More people die in the U.S. as a result of tobacco and alcohol than by the use of illicit drugs.44 By legalizing drugs we can apply the same controls to their production, distribution and consumption as we currently apply to alcohol and tobacco. Requiring local, state, and federal employees to remain drug-free ensures the employer of reliability in the workplace. If the government employee does not want to abide by this ruling, he or she can seek employment elsewhere.

Arguments against this Option: Drugs are illegal because they are harmful, and cannot be taken safely. The legalization of drugs will only lead to increased use, and to more people being addicted. It is a grave fallacy to believe that controlling the production, distribution and consumption of drugs the same as alcohol and tobacco is a positive step. Just as some believe that the use of alcohol and tobacco are immoral, the use of drugs is also immoral, and it should continue to be so under the law. Drugs should remain illegal, and anyone caught using, selling, or trafficking drugs should be prosecuted for it. Drug use causes violent behavior, and drug users are more likely than non-users to commit crimes.[45] All drugs should remain illegal for all, not for just a segment of the population, despite the supposed medical benefits received by the use of marijuana, for example. Also, legalizing drugs for the general population and excluding federal employees is an enormous infringement of the employee's rights. European countries, such as the Netherlands, Switzerland, and Great Britain, have dabbled in drug legalization to varying degrees.[46] However, the DEA argues that

"Europe's more liberal drug policies are not the right model for America."[47] For example, due to marijuana legalization in Alaska in 1975, its teen population ended up using marijuana at greater than twice the national average. In a smart move, Alaska's residents recriminalized marijuana possession in 1990, but their youth are still experiencing the consequences of short-lived legalization.[48]

Reducing the Key Negative Effects of Drugs: Option Comparisons

It is expected that the arguments presented for and against the three options as discussed above provided a brief foundation on which to now build upon. Looking at the multitude of research and data, and based upon one's own experience and opinion about drugs, one can be influenced in either direction. Obviously, each option possesses both positive and negative aspects. However, each option will now be compared in relation to their effect on the reduction of the following specific negative effects of drugs in our society: cost to the taxpayer, death and disease, and crime.

Reduce Cost to the Taxpayer. The costs incurred by the U.S. as a result of the war on drugs are not only direct, as in the monetary expense, but also indirect, as in the social impact of drug use, the lives lost, and the impact of lost productivity. The prohibition of drugs is obviously a drain on the public purse, and the three largest costs to the taxpayer are policing, imprisonment and health care. Federal, state and local governments spend roughly $44 billion per year to enforce the drug war, that's about $600 per second. And despite all this money being spent, there is no real evidence to support that either drug flow to the U.S. or drug use within our borders have been reduced. The cost of training and using law enforcement personnel to crack down on drug trafficking is millions.[49] Law enforcement personnel are used for policing up drug

offenders when they would be put to better use investigating criminal activities such as murder, rape, robbery, and aggravated assault.

Besides the money spent within our borders, the U.S. has also provided military and law enforcement funding to Mexico, Central America, and Colombia. In June 2008, then-President Bush approved $400 million toward additional drug war assistance for Mexico (representing a 20% increase in the Mexican anti-narcotics budget) for helicopters, military training, ion scanners, canine units, and surveillance technology.[50] The U.S. military has been used to help train Colombian forces to deal with violent narco-terrorists and the militia that support them in the region.[51] More recently, in mid-December 2009 the U.S. delivered five helicopters, worth $66 million, to Mexico to aid in their fight against the drug cartels. The helicopters are but a small part of the $604 million worth of vehicles and equipment Mexico will receive from the U.S. in the coming months.[52]

In the U.S., roughly one quarter of over two million offenders incarcerated have been convicted of a drug offense.[53] According to the Schaffer Library of Drug Policy, it costs approximately $450,000 to put a single drug dealer in jail, and the cost of maintaining drug-related offenders in prison is over $30,000 per year per inmate.[54] This amount includes the costs of arrest, conviction, room, and board. It is estimated that by the end of 2010 correctional spending by state governments will reach $50 billion a year. Studies have shown that incarcerating drug offenders does not necessarily mean a reduction in crime. However, it does prove that the increase in the prison population and the decrease in releases from prison lead to overcrowding and ever growing costs.[55]

It is estimated that the U.S. government foregoes billions of dollars per year in tax revenue that could be collected from legalized drugs, assuming these were taxed at rates similar to those on alcohol and tobacco. Under prohibition, these revenues accrue to drug traffickers as increased profits. Harvard economist Jeffrey Miron has estimated the budgetary implications of legalizing marijuana and taxing and regulating it like other goods. According to the calculations in his report, legalization would reduce government expenditure by $5.3 billion at the state and local level and by $2.4 billion at the federal level. In addition, marijuana legalization would generate tax revenue of $2.4 billion annually if marijuana were taxed like all other goods and $6.2 billion annually if marijuana were taxed at rates comparable to those on alcohol and tobacco.[56]

Drug abuse and addiction is a chronic, relapsing, and debilitating disorder. The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related hospital Emergency Department (ED) visits and drug-related deaths. Their 2006 report, released in August 2008, estimated 958,164 ED visits due to illicit drug use. Over 55% of all drug visits involved the use of drugs either alone or in combination with other types of drugs. The top three drugs listed were cocaine (accounting for one fifth of the ED visits), marijuana, and heroin.[57] An estimated 14% of patients admitted to hospitals have either alcohol or drug abuse and addiction disorders. When considering cost, approximately 20% of all Medicaid hospital costs and $1 of every $4 that Medicare spends is on substance abuse inpatient care.[58] When it comes to maternal drug use and abuse, studies have proved that it is associated with an increased risk of low birth weight, infant mortality, and infant death during the first year of life. In a 1996 Washington, DC study, the cost of caring for a low birth weight infant

in a neonatal intensive care unit was $25,000 to $35,000, and a whopping $5.9 million annually.[59]

The Public Health Option contains aspects of law enforcement built in, thereby continuing to incur the costs of policing for drugs and imprisoning offenders. The prevention and treatment programs it proposes, as well as the coverage by health insurance companies for drug abuse, would only serve to increase costs.

It is quite obvious that the Law Enforcement Option would not reduce costs to the taxpayer. If anything, it would more than likely increase the taxpayer's burden due not only to the legal costs and incarceration of drug offenders but also from the costs of policing our streets and borders for drug trafficking. Also, per the U.S. Centers for Disease Control and Prevention (CDC), offenders are at greater risk of contracting HIV, Hepatitis B and C, tuberculosis and syphilis while in prison, which would lead to increased health care costs for prisoners.

As far as drug-related health care costs are concerned, a reasonable expectation would be for costs of treating drug-related disease to decrease with the Legalization Option, since the harder drugs would be purer in substance. The savings in state and local government expenditure that would result from legalization of drugs consists of three main components: (1) the reduction in police resources from elimination of drug arrests, (2) the reduction in prosecutorial and judicial resources from elimination of drug prosecutions, and (3) the reduction in correctional resources from elimination of drug incarcerations.[60] The Legalization Option would also provide our government with revenue from drugs which would have otherwise been pocketed by dealers and

traffickers. Therefore, in the area of reducing costs to the taxpayer the Legalization Option is debatably the best choice.

Death and Disease. Of the 44,727 deaths in the U.S. attributed to illegal drug use between 1979 and 1998, 22,735 were caused by accidental heroin overdose, while another 15,551 died from accidental cocaine overdose, a total of 38,286 (or 86%) of all deaths due to illegal drugs.[61] The leading causes of death in 2000 were tobacco (435,000 deaths; 18.1% of total US deaths), poor diet and physical inactivity (400,000 deaths; 16.6%), and alcohol consumption (85,000 deaths; 3.5%). Other actual causes of death were microbial agents (75,000), toxic agents (55,000), motor vehicle crashes (43,000), incidents involving firearms (29,000), sexual behaviors (20,000), and illicit use of drugs (17,000).[62] Death by drug accounts for less than 1 percent of annual total deaths.[63] Several studies have reported an undercount of the number of deaths attributed to drugs by vital statistics; however, improved medical treatments have reduced mortality from many diseases associated with illicit drug use.[64] Most drug-induced deaths from illegal drugs are caused by using drugs of unknown quality in unknown dosages, causing accidental overdoses. Were the drugs legal, it is likely that overdose death rates would be much lower, simply because most drug users actually do not want to die.

The incidence of HIV/AIDS and Hepatitis B and C among intravenous drug users and their partners has been argued to be a direct result of the federal government's zero tolerance laws that in many states criminalize both the possession of syringes and the distribution of sterile syringes.[65] However, with President Obama's recent repeal of the ban on federal funding for local needle exchange programs, supporters hope that

intravenous drug users will not re-use and share contaminated syringes, thereby decreasing the spread of blood-borne diseases and poor health conditions and the costs incurred in caring for these.

Death and disease are public health issues, and both the Public Health and Legalization Options support federal funded needle exchange programs, a great initiative in disease prevention. However, with the Public Health Option there are still drug users obtaining illegal drugs of unknown quality and purity, thereby increasing the possibility of drug overdoses and death.

The Law Enforcement Option will have the same problems as the Public Health Option as far as an increase in drug overdoses and death. In order to avoid arrests and prosecution drug users will go underground for their drugs. They will avoid seeking medical care for conditions arising from their drug abuse for fear of being forced into court mandated treatment programs versus incarceration, which has already been shown to increase certain conditions such as HIV and tuberculosis. This, in conjunction with the effects of drugs, can in turn take a toll on the psyche, causing depression, paranoia, and possibly suicidal and/or homicidal thoughts and ideations.

The Legalization Option is the only option in which the drug user will be able to switch from getting "black market" drugs of indeterminate quality, purity and potency to obtaining legal drugs, of known purity and potency, from physicians, pharmacies and other legal channels. The apparent benefits include: the risk of overdoses and other medical complications decrease, the motivation and need for addicts to commit crimes to support their habits drop, and addicts are more likely to maintain contact with drug treatment and other services, and more able and likely to stabilize their lives and

become productive citizens.[66] Therefore, in the area of reducing death and disease the Legalization Option is debatably the best choice.

Crime. In 2009, over 1.6 million people were arrested for drug violations.67 According to the ONDCP, the cost to society of drug-related crime is nearly twice the cost due to drug-related health problems and also includes the cost of prohibition. Criminal behavior has largely social costs. Despite the significant resources allocated to supply-side enforcement efforts, there is little compelling evidence that even successful efforts to limit drug availability reduce crime.[68]

A study by the National Center on Addiction and Substance Abuse at Columbia University confirms what many criminologists have long known: alcohol is associated with more violent crime than any illegal drug, including crack, cocaine, and heroin. Twenty-one percent of violent felons in state prisons committed their crimes while under the influence of alcohol alone. Only 3% were high on crack or powder cocaine and only 1% were using heroin.[69]

Ironically, drug prohibition, as enforced in the Public Health and Law Enforcement Options, creates high levels of crime, much like alcohol prohibition did in the 1920s. According to the FBI Uniform Crime Reports, the most violent episodes in this century coincide with the prohibition on alcohol and the escalation of the war on drugs. In 1933, the year that alcohol prohibition was repealed, the U.S. homicide rate peaked at 9.7 per 100,000 people. In 1980, the homicide rate peaked again at 10 per 100,000.[70]

A majority of drug users fund their addiction by committing crimes, mostly property offenses. However, the easiest way to fund their addiction is by selling drugs

and consuming their profit. These addicts find new drug users to sell to, and these new users find other users to also sell to, and this creates what has been referred to as "pyramid selling."

Although it would be expected that the Public Health and Law Enforcement Options would decrease crime, variants of both currently in use have shown no such effects. The Legalization Option would eliminate a significant portion of the crime and violence associated with drugs. It would help to decongest the court system with charges against non-violent drug offenders, leading to less of these offenders in our prisons. The Legalization Option would also allow the government to set the supply so prices are too low to make organized crime profitable for drug suppliers in the U.S. and abroad. International terrorism, a threat to our security, would also be affected by the Legalization Option. By legalizing drugs, terrorist organizations would be deprived of a source of their revenue, since it is well known that they receive a large portion of their income and support from drug trafficking. Therefore, as far as reducing crime in our society the Legalization Option is debatably the best choice.

Conclusion

Based on the criteria of reducing cost to the taxpayer, death and disease, and crime in the U.S., the legalization of drugs is debatably considered the best option. The U.S. has waged an intense war on drugs for many years, both home and abroad, and it has proved to not be successful. Studies and research on legalization have shown to decrease spending for crime prevention, not just on drug-related policing but on all the criminality arising from the activities of drug-financed gangs and terrorists. With legalization, crime levels have an opportunity to decrease, and the government can

become a net recipient of monies from drug consumption rather than a net spender via law enforcement.

However, legalization in the entire U.S. all at once is not recommended. Instead, legalization should take place in selected trial states at first, with ongoing research and data collection for at least a three year time period. States will have the opportunity to volunteer to participate in the legalization trial. If no states volunteer, one recommendation is to choose three eastern states, for example Florida, Georgia, and South Carolina, and three western states, for example California, Oregon, and Washington, for participation. If after the three year trial period results are mostly positive, then legalization should become national policy with the same ongoing evaluations in all states. It's expected that each state will have specific problems and issues with legalization, and each state will have specific answers and solutions. The three major questions to be answered and evaluated in all states will be the same as those for this project: was there a reduction in cost to the taxpayer?, was there a reduction in death and disease?, and was there a reduction in crime? These major questions will be evaluated yearly, and after five years a final report will be submitted to an independent, nonpartisan committee for review. A decision would then be made whether to continue with the legalization strategy, whether to make modifications to the strategy, or whether to forgo this strategy altogether and decide on a new one.

Of course, there will invariably be both supporters and critics of the legalization option, especially within the government and military. Why work and fight for a country when you do not have the same legal rights as the common citizen. However, it must be understood that life is about choices, and we all have the freedom to choose. We

can decide whether or not we use drugs, and employers can choose to have a completely drug-free environment. It all comes down to individual choices and doing what is right for the individual.

It is expected that there will also be unintended consequences if legalization is adopted in the U.S. Therefore, further study and research is required. One unintended consequence concern which readily comes to mind is what will be the disposition of the people and agencies that are currently funded to fight the war on drugs, e.g. the DEA.

This research has lead to the recommendation of a new strategy for fighting the war on drugs. Although the legalization of drugs in the U.S. would be a brazen strategy, it is nonetheless one worth trying.

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